

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 018278

1. Entity Name
DUNNELLON STATE BANK



Principal Place of Business
**11472 N. WILLIAMS STREET
DUNNELLON, FL 34432 US**

Mailing Address
**P.O. BOX 1189
DUNNELLON, FL 34430-1189 US**

FILED
Jan 19, 2005 08:00 AM
Secretary of State



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-0551252** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EMERSON, C JERRY
11472 N. WILLIAMS STREET
DUNNELLON, FL 34432**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRANNEN, GEORGE H II PLEASANT GROVE RD INVERNESS, FL 34451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BRANNEN, JOSEPH S 1822 KIMBERLY LANE INVERNESS, FL 34451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSWALD, H WAYNE P.O. BOX 1042 INVERNESS, FL 344511042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DUMAS JR 291 S. GARDENIA TERRACE CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EMERSON, JERRY C 11475 E BLUE COVE DRIVE DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC ELLIS, BEN C JR 1071 W PRISCILLA PLACE DUNNELLON, FL 34434

000000185102
01/21/05-80001-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. Jerry Emerson
C. JERRY EMERSON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 13, 2005 (352)489-2466

Date

Daytime Phone #